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J1133 U.S. PTO

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Attorney Docket No. VPI/96-01 CIP2 DIV3

Applicants : Mark J. Batchelor, et al.

For : INHIBITORS OF INTERLEUKIN-1 β CONVERTING ENZYME

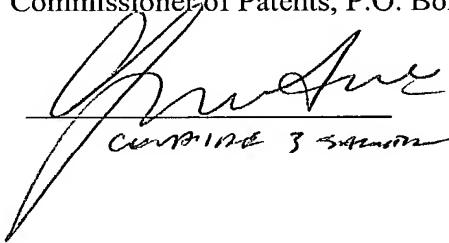


EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number ET799720747US

Date of Deposit January 28, 2002

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to the Hon. Commissioner of Patents, P.O. Box 2327, Arlington, VA 22202.



containing 3 signatures

Hon. Commissioner of Patents
P.O. Box 2327
Arlington, VA 22202

BOX PATENT APPLICATION

TRANSMITTAL LETTER FOR RULE 53(b)
CONTINUING PATENT APPLICATION

Sir:

This is a request for filing a continuation, divisional, application of pending prior Application No. 09/773,477 (Confirmation No. 4615), filed January 31, 2001.

Transmitted herewith for filing are the specification; claims; abstract; declaration; figures; preliminary amendment; for the above-identified patent application.

The enclosed declaration is:

Copy from a prior application (37 C.F.R. § 1.63(d)).

The entire disclosure of the prior application, from which a copy of the declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

The prior application, Application No. 09/773,477, filed January 31, 2001, is assigned of record to VERTEX PHARMACEUTICALS INCORPORATED.

Also transmitted herewith are:

11 sheets of:

Informal drawings.

Cancel claims 1-37, 41, 43-54, 58-60, 61, 63-65, 67, 69-78, 84-87, 94, 97, 101, 103, 105-111, 113, 115-117, 132, 136, 137, and 140-153 before calculating the fee.

The filing fee has been calculated as shown below*:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
<hr/>				
BASIC FEE				\$740.00
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TOTAL CLAIMS	67 - 20 = 47	x \$ 18	=	\$846.00
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INDEPENDENT CLAIMS	9 - 3 = 6	x \$ 84	=	\$504.00
<hr/>				
[X] MULTIPLE DEPENDENT CLAIM		+ \$280	=	\$280.00
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TOTAL				<u>\$2370.00</u>

* Fee calculation based on claims pending after Preliminary Amendment submitted herewith.

A check in the amount of \$2370.00 in payment of the filing fee is transmitted herewith.

Please charge \$ ____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.



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